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ABSTRACT

Drug courts depart from traditional criminal justice practice by directing nonviolent drug abusing offenders to intensive court-supervised drug treatment instead of to prison. An examination of drug courts is offered in this booklet. The text is based on extensive interviews with judges, prosecutors, public defenders, court administrators, police officers, treatment providers, researchers, drug court participants, justice management consultants, and Department of Justice personnel. On-site interviews were conducted at 10 drug courts in 9 states; officials in more than half of the 300 drug courts either in operation or being planned across the country were interviewed. The cycles of drug and crime and the resultant prison overcrowding are examined. The development of drug courts is then explored and a profile of drug courts is offered. Included in this section are plea models, post-adjudication models, women's drug courts, funding, and training. Drug court outcomes are also discussed, as are issues surrounding juvenile drug courts. The last section looks at the impact of drug courts and discusses ways to prevent relapse, to stimulate public support, some professional perspectives, and ways to expand the current system. An appendix lists drug courts by city and state and includes phone numbers. (RJM)

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Cutting Crime

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I. Introduction

Drug courts are revolutionizing the criminal justice system. The strategy departs from traditional criminal justice practice by placing nonviolent drug abusing offenders into intensive court-supervised drug treatment instead of prison. Some drug courts target first offenders, while others concentrate on habitual offenders. They all aim to reduce drug abuse and crime. If participants fail to complete treatment, then prosecution and sentencing proceed routinely. But many offenders stop using drugs, start working, support their families, and end their criminal activity—at a far lower cost to the taxpayer than incarceration. Rearrest rates among drug court graduates are lower than for drug abusing offenders who have been released from prison or are on probation. Drug courts are also encouraging new interdisciplinary strategies in other parts of the criminal justice system.

Cutting Crime: Drug Courts in Action is based on extensive interviews with judges, prosecutors, public defenders, court administrators, police officers, treatment providers, researchers, drug court participants, justice management consultants, and U.S. Department of Justice personnel. Drug Strategies conducted on-site interviews at ten drug courts in nine states, and talked with officials in more than half of the over 300 drug courts in operation and being planned across the country. We hope this report broadens public understanding of drug courts and promotes greater use of structured alternatives to incarceration for nonviolent drug offenders. We believe that drug courts—which have grown from a few experimental models to a nationwide movement in less than ten years—point the way toward more effective strategies for reducing both crime and drug abuse.

II. The Cycle of Drugs and Crime

The story of drug courts in the United States begins with the cycle of drug abuse and crime and its toll on the criminal justice system.

Overcrowded Prisons, Revolving Doors. Drug abuse is the common denominator among all offenders, regardless of which crime they commit, and drug offenses are the primary cause of overload in all parts of the criminal justice system. Thirty percent of state prisoners and 60 percent of federal prisoners are sentenced for drug law violations.

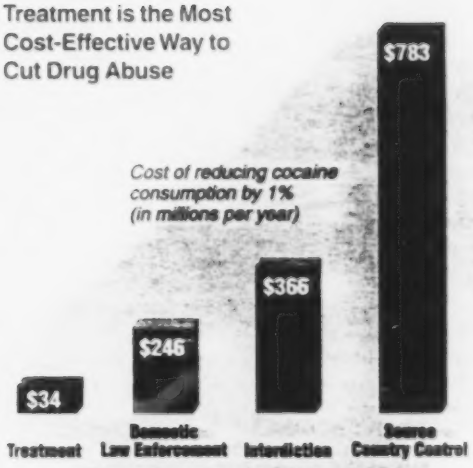
According to the national Drug Use Forecasting System, two-thirds of men and women arrested test positive for an illicit drug at the time of arrest; in some cities, positive drug test rates reach 84 percent. While use of drugs is most prevalent among **drug offenders** (charged with drug possession and sale), it is also commonplace among violent criminals and property offenders. For example, in Manhattan, 77 percent of men arrested for drug offenses in 1995 tested positive for illegal drugs, but so did 54 percent of men arrested for violent crimes, and 72 percent of men arrested for property crimes.

The drug problem creates a cycle of crime that goes beyond drug possession and sale. Drug abusers are more likely than other criminals to become repeat offenders. Twenty-five percent of drug offenders return to prison within three years of release, compared to 40 percent of all parolees, and 51 percent of parolees who abuse drugs, regardless of their offense.

An overloaded probation system fails to curtail the cycle of drug abuse and crime. With violent offenders and other potentially dangerous probationers receiving priority supervision, low-level drug offenders are not adequately monitored; their drug abuse and criminal behavior usually continue. Upon arrest for a second drug felony, offenders report that over 90 percent of their monthly income comes from illegal activities. At least half of drug offenders sentenced to probation in state courts are rearrested for felony offenses within three years; a third are arrested for new drug offenses.

Politicians, judges, and prosecutors find the lack of accountability in the current system demoralizing. According to Claire McCaskill, Prosecuting Attorney for Kansas City, Missouri, "Before drug courts, drug using offenders were stuck in a revolving door."

Treatment is the Most Cost-Effective Way to Cut Drug Abuse



RAND Drug Policy Research Center, 1994

Inadequate Treatment. Over a million people are arrested each year for drug crimes. Yet, rising incarceration costs and 'get tough' crime policies have made drug treatment scarce in prisons: fewer than 10 percent of prisoners needing intensive treatment get it.

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Extensive research confirms that treatment is the most cost effective way to combat drug abuse and drug-related crime. A 1994 RAND Corporation study found that $34 million invested in treatment would reduce cocaine use as much as an expenditure of $246 million for law enforcement or $366 million for interdiction. Intensive prison treatment programs can reduce **recidivism** by half after release, with programs more than paying for themselves in reduced crime costs.

The drug trade flourishes in many prisons. Many offenders continue their drug habits behind bars. Drug tests of prisoners, which show drug positive rates ranging from 3 to 10 percent, are widely acknowledged to underestimate drug abuse by inmates. Meanwhile, few prisoners develop the skills to stay clear of drugs and criminal behavior. Those on parole or probation compete for treatment resources used by the general public, which means waiting for treatment to become available. And while they wait, they often commit more crimes to support their drug habits.

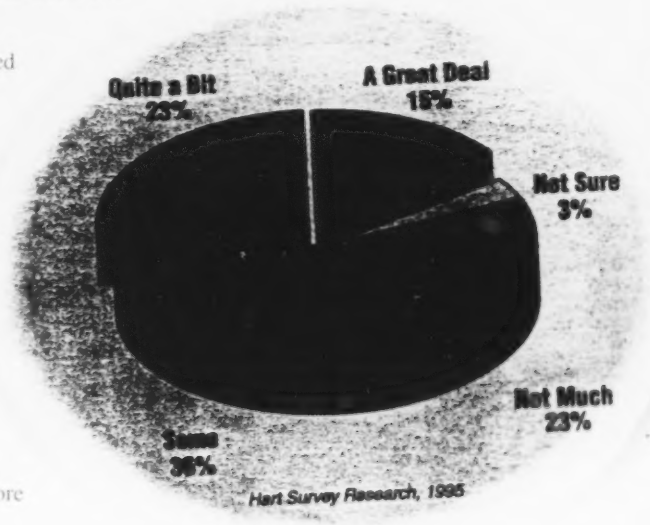
Clients with criminal records also present special challenges to treatment programs. They are less likely than other drug abusers to have private health insurance or families willing to participate in treatment. Even if treatment is available during incarceration, gaps in continuity of care make the transition to community programs from prison treatment a high-risk time for released offenders.

Public Opinion. Americans are concerned with crime, particularly drug-related crime. In a 1995 nationwide survey by Peter Hart Research Associates, 4 in 10 Americans said they changed the way they lived because of the threat of drugs in their communities. Two in three said the drug problem was worse than it was five years earlier.

Yet, the public is also pragmatic about addressing problems related to drugs. In the Hart survey, Americans favored different sanctions for those who sell drugs and those who use them, with half agreeing that drug abusers should be required to enter court supervised treatment. Fifty-three percent of Americans view drug abuse as a **public health** problem, not a criminal justice problem, and 74 percent have confidence that it can be reduced through treatment.

Few Americans believe we should stop prosecuting drug abusers altogether. The public worries about crime committed by drug abusers—like theft, prostitution and burglary—as well as violent crime associated with drug trafficking. But one in two Americans believe that mandatory treatment would prevent these crimes more effectively than incarceration.

Americans Have Confidence in Treatment



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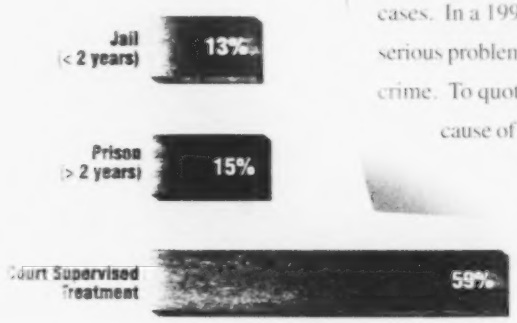
While the vast majority of Americans do not want drugs legalized, people favor a balanced approach, with treatment instead of punishment for drug abusers. Many Americans do not know that this strategy is already making a difference in courtrooms nationwide.

Police Chiefs Favor Treatment Over Prison for Drug Abusers



Hart Survey Research, 1996

Police Perspective. Police resources are strained to the breaking point by drug cases. In a 1996 Hart Research survey of chiefs of police, drug abuse emerged as the most serious problem police face—more serious than domestic violence, property crime, or violent crime. To quote a police chief from one mid-sized Eastern city, "Drugs are the underlying cause of almost all serious crime in the United States."

Police chiefs want a new strategy to combat the drug problem, with 85 percent endorsing major changes in law enforcement's approach. This is true for chiefs from small towns as well as urban centers. Specifically, 73 percent say mandatory minimum sentences for drug possession have been only somewhat effective in their communities. By a margin of two to one, they say that putting drug abusers in court-supervised **treatment** programs is more effective than prison or jail time. And by three to one, chiefs feel that more education, prevention, and treatment are required to handle the drug problem.

The 1996 Hart poll also found that by two to one, police chiefs prefer sending drug-using offenders into treatment over traditional prosecution and incarceration. Longstanding policies and procedures are not easy to change. But the criminal justice system is slowly adopting more constructive means of addressing the problems of drug abuse and crime. This evolution is evident in many innovations, but nowhere so clearly as in drug courts.

"Drugs are the underlying cause of almost all serious crime in the United States."

Police Chief
Mid-sized Eastern City

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Police Officers Speak Out

In 1996 and 1997, Drug Strategies interviewed police chiefs and other high ranking police officers across the nation. We asked: "Suppose you had the opportunity to talk to Americans about the drug problem. What would you tell the public and policymakers? What message would you send them?" Here are some of their answers:*

"Police officers are concerned about the kind of sentences given out. If they [work hard] getting a conviction, and he gets released, then it's worth nothing....A revolving door doesn't solve any problems."

Large Western City

"We need education, training, and interdiction. As long as there are users, there will be a demand. If we clean up the users, we will kill the demand."

Large Southern City

"We need a balanced approach: enforcement and demand, education and treatment. Enforcement should go to the suppliers, not the users; users need to be put in treatment."

Large Midwestern City

"It's all about supply and demand, and it has to be cut off at the demand point."

Small Southern Community

"I think that putting people with drug problems in jails without proper treatment for a specific time will only get them back out in the streets; then the problem is back again."

Small Midwestern Town

"The drug problem is not just related to one entity, like law enforcement. It requires all of us."

Mid-sized Midwestern Community

*from the 1996 Hart Research Poll, *Drugs and Crime Across America: Police Chiefs Speak Out*

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III. The Development of Drug Courts

A Tough New Strategy. With the crack cocaine epidemic of the 1980's, the number of arrests for drug offenses rose from 647,411 in 1985 to more than 1 million in 1989. Drug abusers were involved in a wide array of **crimes,** not just drug possession and sale. Urban areas were the hardest hit. The first drug courts evolved as a response to the impact of drug-related cases on the court system. Fast-track programs in Chicago and Miami provided more punitive and efficient case management, but little was done to end the cycle of drugs and crime.

In 1989, Janet Reno, then state's attorney for Dade County, Florida, spearheaded a new strategy for the city of Miami. The goals of this "drug court" included reducing incarceration costs, drug abuse, and recidivism rates. The plan enjoyed the backing of defense attorneys and prosecutors alike. Former Associate Chief Judge Herbert Klein of Florida's Eleventh Circuit, who helped design the Miami Drug Court, explains the rationale behind this judicial experiment: "Putting more and more offenders on probation just perpetuates the problem. The same people are picked up again and again until they end up in the state penitentiary and take up space that should be used for violent offenders. The Drug Court tackles the problem head-on. We offer meaningful diversion where drug abusers can get treatment as well as social, educational and vocational skills so they can find jobs."

> "Putting more and more offenders on probation just perpetuates the problem."
>
> *Former Associate Chief Judge Herbert Klein, Florida's Eleventh District*

The drug court handled all first-time felony drug possession cases in Miami, which exceeded 2,000 a year. From 1989 to 1993, Miami's drug court placed over 4,500 offenders into court-supervised treatment. By 1993, two-thirds had remained in treatment (1,270) or graduated (1,700). Among graduates, the rearrest rate one year later was less than 3 percent, compared to 30 percent for similar drug offenders who did not go through drug court. The cost savings were also compelling. When the Miami drug court opened, it cost about $30,000 to keep one offender in Dade County jail for a year, compared to $700 for each participant in the drug court treatment program.

On the West Coast, courts and prisons were also paralyzed with repeat offenders—mostly **non-violent** drug abusers. Judges, prosecutors, defense attorneys, and court administrators in Oakland, California developed a similar strategy: defer case disposition for non-violent drug offenders, divert them into closely monitored drug treatment in well-established programs, and if they succeed, reduce criminal penalties or drop the charges altogether. The Oakland drug court, which started in October 1990, had outcomes much like those in Miami: recidivism rates were cut by 50 percent.

By the end of 1992, drug courts also started in Las Vegas, Nevada; Portland, Oregon; and Fort Lauderdale, Florida.

Getting Started. The early drug courts were planned to meet the specific needs of local law enforcement, courts, and communities. However, many jurisdictions used those courts as models and established similar goals in starting their courts. The National Association of Drug Court Professionals' Standards Committee has developed a manual on drug courts, in which it sets forth ten key elements of successful drug courts:

- integrate alcohol and drug treatment services with justice system case processing;
- use a non-adversarial approach in which prosecution and defense counsel promote public safety while protecting participants' due process rights;
- identify eligible participants early for immediate referral to the program;
- provide access to a continuum of treatment and rehabilitation services;
- monitor abstinence by frequent drug testing;
- coordinate court and treatment program responses to participants' compliance or lack of compliance, including contingency contracts that involve participants in their own **sanctions** and incentives;
- require ongoing judicial interaction with drug court participants;
- monitor and evaluate achievement of program goals and program effectiveness;
- promote effective programs through interdisciplinary education of planning teams; and
- forge partnerships among drug courts, public agencies, and community-based organizations.

Number of Drug Courts Grows Rapidly

*includes drug courts being planned

Drug Strategies

Drug Court Clearinghouse and Technical Assistance Project

Growth and Impact. Beyond providing expedited case processing and drug treatment referral, drug courts slowed the revolving door and reduced costs in the criminal justice system. The idea took off quickly. By 1995, when annual arrests for drug offenses exceeded 1.3 million, more than 30 drug courts had been established across the nation, and another 100 were preparing to open.

In 1995, the Drug Court Program Office opened in the U.S. Department of Justice. Its $12 million budget provided the first specifically targeted federal funding for drug courts. Existing drug courts became informal mentors for criminal courts across the country.

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The first drug court experiences, regardless of the program designs used in various locations, yielded consistent outcomes:

- drug abuse by criminals was reduced;
- recidivism was reduced;
- treatment drop-out was reduced; and
- case processing was more efficient.

Some jurisdictions also experienced cost savings as a result of diverting prison-bound offenders into treatment.

Related Approaches. Drug courts are not the only innovations that have emerged in response to the increasing burden of drug-related caseloads. Other experimental strategies that share some of the elements of drug courts have also been developed.

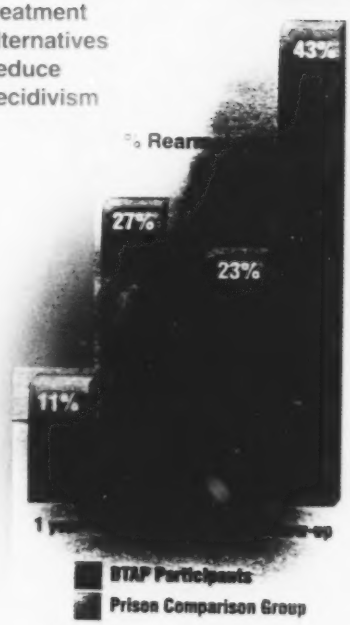
In 1990, the Brooklyn District Attorney's office began offering drug offenders a Drug Treatment Alternative to Prison (DTAP). The program targets defendants arrested for felony drug sale, with one or more prior non-violent convictions. These repeat offenders face mandatory prison sentences if convicted. In lieu of prosecution and imprisonment, they participate in intensive residential drug treatment, and receive help with jobs and housing after graduation.

The program aims to reduce time spent in pretrial detention and state prison, as well as drug abuse by offenders. Those who complete treatment have charges against them dismissed. Dropouts are picked up by a special enforcement team and returned to court for prosecution.

The programs's one-year retention rate is 64 percent, compared to 13 percent among clients in residential treatment nationwide. Recidivism by DTAP graduates measured at varying time intervals—6 months, 1 year, and 2 years—has been half of the rate for similar defendants who received prison sentences. The program saves more than **$2 million** for every 100 felony drug offenders diverted into treatment.

According to Susan Powers, the Brooklyn Deputy District Attorney who runs DTAP, "This is a real carrot-and-stick situation....The marriage between treatment and the criminal justice system can be difficult because they view offenders from very different perspectives. Treatment people see recovery as a process which includes relapse, while the courts expect to enforce rules and protect the public. I think you can do both, but you have to be tough about going after those who drop out. Otherwise, no one will think the program is serious."

Treatment Alternatives Reduce Recidivism



New York Criminal Justice Agency, 1996

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Manhattan's Midtown Community Court, established in 1993, is funded by 29 foundations and corporate donors, and a host of civic and social service organizations. It is an experiment in economic development and constructive, accessible community-based justice. Like drug courts, the court aims to improve efficiency in judicial proceedings, match sanctions and services to offenders, and build bridges between public and private agencies that serve offenders. A state-of-the-art computer information system gives attorneys and **judges** the information to match defendants to appropriate sanctions, such as community service, education or drug treatment. In the first two years of the program, over 20,000 defendants were arraigned. Arrests for illegal vending in Midtown dropped by 24 percent, and prostitution arrests in Midtown fell by 36 percent despite increases in the rest of Manhattan. Compliance with community service sanctions is 76 percent—50 percent higher than in Manhattan's downtown court. The court received the National Association of Court Management's Justice Achievement Award in 1994.

Some of Midtown's innovations have been implemented in the Red Hook section of Brooklyn—home to nearly 8,000 public housing residents. The Red Hook Public Safety Corps plays a big role in its success. Local neighborhood volunteers make a year-long commitment to hands-on work strengthening their community. In exchange, each receives a stipend and an educational grant that can be used toward college. The Corps builds up community, creating public-private partnerships, and improving the local quality of life. Begun in December 1995, it is the first component of a broader effort to create a community justice center in Red Hook, modeled after the Midtown Court.

The children of drug abusers are a high risk group. But treatment for the parent becomes prevention for the child. "Unified family courts" combine all the elements and resources of traditional juvenile and family courts. The same judge handles both criminal and family courts matters affecting a family. Within the court, families with any member involved in the judicial system can access social services, dispute resolution assistance, and counseling. Such systems can better address the needs of children and families, and minimize the reliance on traditional court procedures, often avoiding costly trials and other direct judicial intervention.

In 1994, the American Bar Association (ABA) adopted a resolution calling for the promotion and implementation of unified family courts. In 1996, the ABA's Committee on Substance Abuse received a grant from the Robert Wood Johnson Foundation to their development nationwide.

Domestic Violence Courts, Driving Under the Influence Courts, and even "Dead Beat Dads" Courts have also been started. Like drug courts, they provide **supervision** and rehabilitation services to less serious offenders.

Drug Courts are Tough

"

. . . the people in this program had a tougher row to hoe than people in normal probation, [and] it was actually an advantage. You tend to underestimate people who are criminally active, and especially addicts. Eventually they have to decide that it's in their best interest to do treatment. Then we've got a shot.

"

Judge Carl Goldstein
Wilmington Drug Court, Delaware

Spotlight

The First Drug Court

Miami's drug court handles all first-time felony drug possession cases in the city, which exceed two thousand a year. At the time of arrest, defendants get a choice between criminal prosecution, with the possibility of going to jail, or participation in the one-year treatment program.

Judge Stanley Goldstein, who presides over the drug court, believes that making treatment immediately available is critical: "In Miami, [treatment] programs have a six-month waiting list, and you have to telephone in every day or they take your name off the list. We knew we had to create our own treatment program or we'd lose those guys just at the moment when they're most likely to change."

Judge Goldstein is a tough-talking former street cop and lawyer, who hands out praise, criticism, advice, and humor from the bench. "I operate on instinct and experience—and years and years out on the streets hearing every story in the book. Most judges only talk to lawyers, the prosecutor and the defense, but never get involved with the offenders themselves."

Keeping one offender in the Dade County jail for a year costs about $30,000, compared to about $3,000 for each participant in the drug treatment program. Judge Goldstein: "Ten thousand people in Dade County have just lit up a 'rock'. Are you going to put them all away?...and when you release them they go right back to what they were doing before....Give me less money and I'll make it work better."

In 1997, the Miami Drug Court received a $300,000 Drug Court Enhancement Grant from the U.S. Department of Justice. The grant will facilitate a multi-year follow-up study of drug court participants, as well as other offenders, by creating a single computer database integrating data from multiple state agencies.

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IV. Drug Courts Today

By 1997, over 40,000 offenders had participated in drug court programs across the country. Nearly 200 drug courts were fully operational, and another hundred were planning to open. There are drug courts operating or being planned in 48 states, the District of Columbia, and Puerto Rico. Innovations in drug testing, courtroom procedures, treatment, information management, and public-private collaboration are being tested every day in these real-life laboratories. Despite growing numbers of drug courts, they are available to only a fraction of the 100,000 people convicted of drug possession in state courts each year.

The Planning Team. Planning teams consist of judges, prosecutors, defense attorneys, treatment providers, law enforcement, court administrators, pretrial service agencies, and probation officials. Media personnel, corporate sponsors, and **civic leaders** may also be represented on the planning team.

In designing a drug court, a jurisdiction determines which cases are clogging the court system, which offenders return to the system repeatedly, and which ones do not. The team also considers what treatment strategies, incentives and sanctions will be most effective for the offenders the court chooses to target.

Diversion/Deferred Prosecution Models. For some jurisdictions, first-time drug possession offenders are a major headache. They require significant paperwork and court time, but are usually sentenced to probation with minimal supervision.

For these offenders, a stay of prosecution offers important incentives. The pretrial services office conducts an assessment, and if an offender is found to be a drug abuser, the prosecutor offers to delay prosecution if the defendant wishes to participate in court-supervised treatment. Regular drug tests, court appearances, and participation in treatment are monitored. If participants meet the requirements of the court and the treatment program, criminal charges may be reduced or dropped altogether. **Prosecutors** know that most of these offenders will be released to probation if convicted. With the drug court, monitoring is much more strict, and there is a good chance the participant will stop abusing drugs and never return to court.

Plea Models. In this design, defendants must enter a guilty plea, which can be stricken upon successful completion of the program. The plea allows the case to be removed from the prosecutor's docket while treatment is pursued; evidence, witness testimony, and open case files need not be preserved over time.

Public defenders and defense attorneys often resist the plea model. They are reluctant to advise clients to plead guilty, since it may be more onerous to go through a year of drug court than to serve a few months on probation. But many public defenders choose to take the long view—a more holistic approach in which ending the cycle of drugs and crime is in the best interest of the client as well as society.

Long Term Perspective

"You realize that doing the best thing for your client means getting the best life outcome, not simply the best legal result. If we're successful in getting them off drugs, this would eliminate the necessity to commit crime. Everybody wins when you do it that way. That is the genius of this program."

Michael Judge
Public Defender
Los Angeles County

A New Set of Assumptions

"If I put him in jail for five years mandatory time, he's going to come out and do the same thing again. He wanted to go into treatment, and we have over his head [that] if he flunks out, he's going to go to jail on the mandatory time. So we can really force him to participate, and that's worth the investment."

Peter LeTang
Deputy Prosecutor
Wilmington Drug Court

Post-adjudication Models. Some courts are crowded with repeat drug offenders. For them, the cycle of arrest, conviction, probation, drug abuse, and repeat arrest is well established. Although they are often not violent criminals, they face increasingly severe penalties for each subsequent conviction. Most prosecutors are unwilling to defer prosecution in such cases. But they may agree to consider more lenient sentencing if drug abusers plea guilty and participate in treatment prior to sentencing. These offenders have more entrenched drug habits, and are harder to treat. By proceeding to prosecution, the district attorney is assured that those who do not succeed in treatment will be sentenced.

The incentives for offenders in this model are even greater than in deferred prosecution. Most will serve prison time if they are convicted. But if they succeed in drug court, they can withdraw their pleas and have their cases dismissed. Pending sentencing, they are released to probation, and compelled to comply with treatment, drug testing and regular court appearances.

A variation on the post-adjudication model is "deferred judgment" in which a plea is entered, but sentencing is not handed down until after completion or failure of treatment. Defendants may not have guilty pleas stricken, but sentencing may be more lenient if treatment is successful.

Combination Models. Some jurisdictions have combined drug court models. For example, the Denver drug court handles all of the drug offenses in the city—52 percent of the criminal cases. The charges, criminal histories, and treatment needs of Denver's drug court population are quite diverse. Some are first time offenders who have never been to treatment, while others have years of felony convictions and have not been treated or have not succeeded in past treatment programs. To meet the challenge, the drug court handles each case separately, utilizing deferred prosecution (diversion) as well as post-adjudication when appropriate. The flexibility also applies to drug treatment: more than 40 different treatment providers take clients from the Denver drug court, with clients matched to appropriate treatment programs.

In Washington, D.C., a drug court was the next logical step in a long tradition of using pre-trial release and drug testing for drug offenders. In the late 1980's, courts were deluged with drug cases. The Superior Court determined that the best way to streamline and expedite case processing was to establish master calendars, with early discovery and early plea offers using a drug court. This meant that people no longer had incentives to drag cases on as long as possible. Using graduated sanctions for violating conditions of release and imposing sanctions the same day, reflects drug court judges' expectation that participants comply with program requirements. It also capitalizes on "moments of crisis"—a strategy that many drug courts find effective.

The benefits of this strategy are explained by Judge Richard Gebelein of the Wilmington, Delaware drug court: "As soon as they start skipping groups or showing up with [positive] urine, we call them in...to address the problem before it gets totally out of control. We know that people with chronic problems have relapses. But if you can address it quickly by tightening the sanctions, then the relapse is not as bad, and they don't do criminal activity along with the resumed drug abuse. Now some people do fail [and] they go back to prison, but faster than if they'd gone through the regular system, because we catch it early on."

Automated Data Management. The need for flexibility has led to innovations in management information systems (MIS) that help drug court teams cross the structural boundaries among different agencies. Computerized monitoring systems are used by many probation departments, and more recently by drug courts. They allow treatment providers to record electronically the results of drug tests and details on treatment progress. At the courthouse, the judge instantly can see all the monitoring and treatment activities that have taken place, with notes and comments from case managers, medication histories, and overall progress. This system reduces the need for treatment providers to appear in court with clients.

Many drug testing companies now offer software which links test results into a court's information management system. In the District of Columbia, the criminal court has had an on-site lab for processing drug tests since the 1970's. Now that lab is networked to a computer on the judge's bench, providing immediate access to **drug test** results. If the judge suspects a participant is using drugs, a test can be done on the spot, with results in the judge's hand within the hour.

Courts for All Offenders. The drug court model can be readily adapted to suit the needs of specific criminal populations. For example, in Las Cruces, New Mexico, the Native American community has a high rate of alcoholism. So the drug court in Las Cruces is primarily for repeat drunk driving offenders. There are also drug courts specializing in juvenile offenders, female offenders, homeless offenders, and immigrants.

As Judge Stephen Marcus, who presides over a drug court in Los Angeles, observes: "People don't just come with drug problems. They also have housing problems, job problems, relationship problems, everything. In our case we also get a large number who are hard-core unemployed or are transients. So the benefits of having a program like this work are enormous."

"When I go into drug court, the judge takes time to let me know he is stern, and he knows what's what. But he also asks me how I'm feeling. I never thought a judge, a court, anyone important, could care about me."

Drug Court Participant
Impact Treatment Program

"My background is conservative....I'm so far right, I'm almost left! People have to understand that this is not some crazy liberal idea to let all the drug users out. This is simply a pragmatic approach to a problem that is getting worse."

Lisa Yoshino-Major
Former Drug Court Administrator

Judge Marcus' drug court serves many homeless, indigent offenders. They have no means of transportation, so the treatment program is located around the corner from the courthouse. Judge Marcus: "My guys aren't going to drive 45 minutes to get to treatment. I tell them to go to the treatment center right from the courtroom, and there's no excuse, because it's three blocks away. So if they don't show up, you know they're not participating, no excuses. But if you've got them driving 45 minutes, that's a crack they'll slip through. They're looking for the cracks."

Women's Drug Courts. Incarceration rates are growing among women. Between 1984 and 1994, the number of women in jails and prisons more than tripled, and now exceeds 110,000 serving sentences in federal and state **prisons** nationwide.

Drug-related crime is a big part of the problem. More than two-thirds of women are incarcerated for drug offenses. In addition, the Drug Use Forecasting System reports that two-thirds of women arrested test positive for illegal drugs at the time of arrest, including half of those arrested for property and violent crimes, and 84 percent of those charged with drug offenses.

In the past decade, treatment programs have placed increasing emphasis on women's treatment needs, and a few jurisdictions have developed drug courts which specialize in women's treatment. Others, like the drug court in Reno, Nevada, take both men and women, but use flexible strategies to meet women's needs. Many of these programs are creating partnerships with the Center for Substance Abuse Treatment Women's Treatment Network. Where traditional treatment programs, originally designed for male drug abusers, are often highly confrontational, programs for women include specialized trauma treatment and groups to build psychological autonomy, financial independence, and parenting skills. Judge William Schma of the Kalamazoo drug court values gender-specific treatment: "we wouldn't think of putting men and women together." In Kalamazoo, 84 percent of all nonviolent female offenders (who are not charged with drug dealing) have serious drug abuse problems.

Three in four incarcerated women have children; half have children under 18. During a mother's incarceration, most of these children live with relatives, although one in ten goes to foster care. Drug courts for women often include preventive interventions and practical support for their children. They also use outpatient treatment, which allow children to stay with their mothers.

One in sixteen incarcerated women is pregnant. Residential programs across the country for **pregnant,** post-partum, and parenting women are showing great promise. In Kalamazoo's Drug Court, 74 percent of pregnant participants have given birth to drug-free babies. The National Association of Women Judges points to drug courts as a viable alternative to prison for judges sentencing pregnant substance abusers.

Funding. Drug courts run on shoestring budgets. Expenses include treatment, drug testing, court staff, and record keeping. Treatment is by far the largest expense, ranging from a few hundred to several thousand dollars per person annually. Drug tests by urinalysis for multiple substances can cost more than $18 per test. Thus, weekly drug tests over the course of a year can cost over $900 per person, above and beyond treatment costs (and some programs test more often). Most courts require participants to contribute funds to their own treatment; the practice encourages them to take responsibility for their own rehabilitation. While many are unable to pay more than a few dollars a week initially, their contributions increase as they progress through treatment and become employed.

Drug court funds come from many sources. Parole, probation, pretrial services, and other criminal justice agencies often contribute funds from their budgets to support drug courts. Local departments of health and mental health, attorneys general's offices, defense bars and treatment providers have contributed funds towards fledgling drug court programs. The U.S. Department of Justice, local businesses, and community groups have also provided funds to support drug courts.

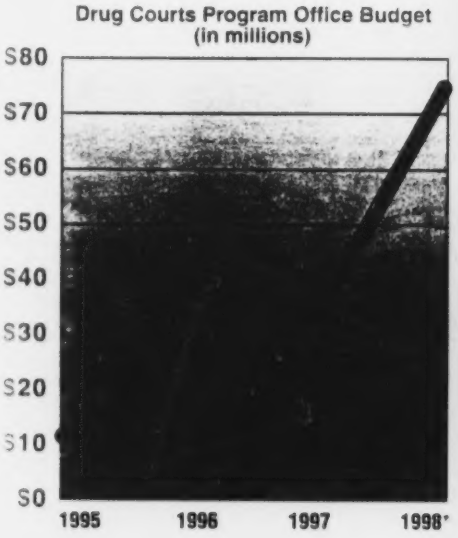
Some jurisdictions have been creative about funding. In Kansas City, Missouri, the electorate approved a quarter-cent tax increase in 1992 to fund drug court and other drug demand reduction programs. Kansas City's Community-Backed Anti-drug Tax (COMBAT) was renewed by the electorate in 1995, by a 70 percent margin.

In 1997, Nevada increased tuition for drunk driving school by $25 per person. The tuition increase helps subsidize traffic schools' contributions to a $500,000 fund for drug courts. Traditionally, funds and valuables seized in **drug busts** go directly to law enforcement. However, through growing partnerships with drug courts, confiscated property and money may soon help pay for treatment in some jurisdictions.

Many courts are forming non-profit corporations to provide a conduit for private as well as public funds. The Drug Court Foundation in Las Vegas, Nevada began in 1992. Donations from corporations and other private donors have allowed the court to provide transportation money for clients to get to treatment, and permitted rewiring of courtroom computers to facilitate information exchange with treatment providers.

The Department of Justice Drug Courts Program Office, which opened in 1995, awards planning, implementation, and enhancement grants to drug courts across the country. Funding for these grants has steadily increased, from $12 million in FY 1995 to the $75 million in the President's FY 1998 budget request. Drug courts are one of seven permissible uses for law enforcement block grant funds. Law enforcement block grants and Byrne grants to the states each contributed about $15 million to state drug courts in 1996.

Federal Funding for Drug Courts on the Rise



* President's request

Drug Courts Program Office
U.S. Department of Justice

> "The federal dollars are meant to strengthen local initiatives that started without federal funds...rather than interfere with a successful grassroots phenomenon."
>
> *Marilyn Roberts*
> *Director, Drug Courts Program Office*

Historically, both criminal justice and treatment agencies have failed to meet the needs of drug abusing offenders, each claiming it was the other's responsibility. Today, both fields recognize reducing drug use and **criminal** behavior as joint responsibilities. Drug courts offer opportunities for these agencies to use treatment and law enforcement block grant dollars to work toward common goals.

Training, Mentorship, and Networking. Drug courts are proliferating. As word spreads of their success and federal funding increases, more jurisdictions are considering starting drug courts. There is enormous demand for technical assistance and professional guidance on implementing and maintaining programs.

The National Association of Drug Court Professionals (NADCP) was formed in 1994 by the 12 original drug courts. NADCP sponsors conferences and workshops, and provides technical assistance to new drug courts. California, which has 51 drug courts, and Florida, which has 20, have each formed a state association for drug court professionals.

Shortly after the first drug courts started, a grassroots education and training movement began to emerge. Drug courts hosted hundreds of visitors and presented seminars and workshops. This method of on-site observation and peer mentoring continues today.

The early drug courts caught the attention of the Justice Management Institute (JMI) in Denver, a non-profit organization developing more expeditious case processing through training and technical assistance to the courts. In 1996, under the sponsorship of the Drug Courts Program Office, JMI began coordinating training workshops with NADCP using practitioners from pioneer courts. All new federal drug court grantees now participate in three day workshops, including judges, states' attorneys, public defenders, treatment providers, court administrators, and police officers. Training objectives include setting program goals, establishing short- and long-term tasks, and identifying barriers to implementation. Representatives from each discipline help prospective drug court teams develop **strategies** and articulate priorities. The workshops also help fledgling drug court teams to network and find mentors among professionals in existing drug courts.

NADCP has established a Technical Assistance Program and Mentor Drug Court Network that links prospective drug courts with established ones across the country. The mentor court system relies on regional education and local practitioners to do training and conduct on-site technical assistance. Mentor sites include drug courts in San Bernadino, California; Kansas City, Missouri; Stillwater, Oklahoma; Louisville, Kentucky; Pensacola, Florida; Rochester, New York; and Las Vegas, Nevada. Teams from jurisdictions with federal grants to start drug courts visit **mentor** courts as part of their planning process. These courts also increase opportunities for criminal justice officials, policymakers, and others to observe drug courts in action.

The Drug Courts Program Office also provides operational materials and technical assistance to drug courts through its Drug Court Clearinghouse and Technical Assistance Project at American University. The Clearinghouse maintains operational materials developed by drug court programs; develops state-of-the-art materials on drug court activities, evaluations and funding; and disseminates information via publications and the Internet. It also provides office-based and on-site technical assistance to jurisdictions across the country involved in planning and implementing drug court programs.

Empowerment

"Going to treatment, going to court, taking the sanctions — this is something they have to do, and they're in control of whether they succeed or not... Some of these people have never had to show any personal responsibility to anybody before. We're teaching them how."

Judge Susan Bolton
Phoenix Drug Court

Federal Officials Support Drug Courts

"Three-quarters of the growth in the number of federal prison inmates is due to drug crimes. Building new prisons will only go so far. Drug courts and mandatory testing and treatment are effective. I have seen drug courts work. I know they will make a difference."

President Bill Clinton

The White House, February 25, 1997

"Drug usage of offenders participating in drug court programs is substantially reduced when they are in the program, and [for] most participants who complete the program, drug use is eliminated altogether. Let us get that message out to Congress, to state legislatures, to cities, county commissioners—treatment does work."

Janet Reno

United States Attorney General. March 20, 1997

"Which would you rather do? Pay $1,000 a year for drug court or 15K a year for imprisonment? On the pragmatic taxpayer's level, it makes ultimate sense...The slogan I am now offering the American people to consider is 'if you don't like crime, then you will like drug treatment programs for those involved in the criminal justice system.'"

General Barry McCaffrey

Director, Office of National Drug Control Policy, May 10, 1996

Drug Courts in the News

"To a disturbing extent, mandatory sentencing has been working in reverse—filling our prisons with the lowest-level, least dangerous people on the drug scene....Instead of imprisoning enormous numbers of users, can we treat them, get them off drugs, and decrease America's demand for illegal narcotics?...Treatment doesn't always work, and it certainly doesn't always work the first time—addiction, as any smoker knows, is powerful...treatment works for people who want to change their lives."

Walter Cronkite

The Cronkite Report, June 20, 1995

"...children are being forced into foster homes because their mothers are drug addicts. Sending addicted mothers to jail may satisfy the letter of the law, but there are many judges who wonder whether there isn't another solution....The judge prefers a carrot as well as a stick, which seems to work."

ABC News, World News Tonight

with Peter Jennings, March 25, 1997

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V. Drug Court Outcomes

Drug courts vary in their eligibility criteria, program designs, and treatment approaches. The severity of drug abuse and other problems among participants also varies. Therefore, comparing results across programs should be done cautiously. Nonetheless, the overall impact is impressive.

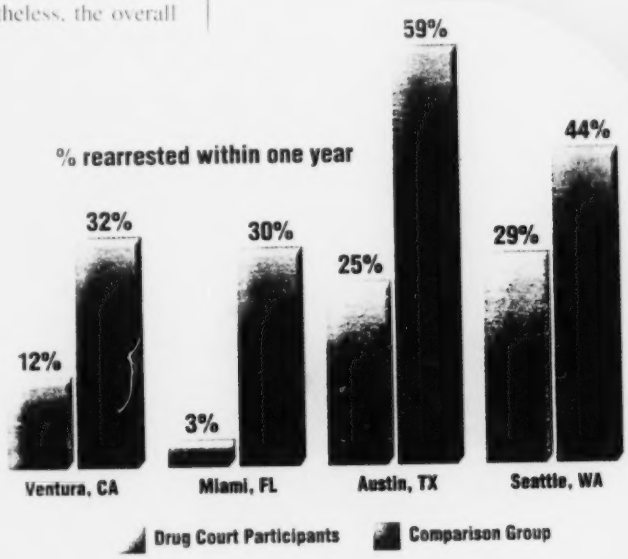
Drug Abuse and Recidivism. Many drug courts have met their goals: namely, to reduce drug abuse and criminal recidivism among participants. To remain in treatment and to graduate, participants must be drug-free. Despite anticipated relapses during treatment, drug abuse is eliminated for the 50 to 65 percent of participants who graduate after a year or more in the programs.

Successful completion of drug court is recognized in a graduation ceremony. Since 1989, 75 percent of participants have remained in treatment; graduation ceremonies have honored over 24,400 of them. Many months of rebuilding lives culminate in these ceremonies. Speakers look back on the successes and lessons of treatment, and task graduates with the challenges ahead. Drug abusers often have poor school records, and many have never before participated in a **graduation** ceremony. For them, the graduation does more than mark a transition out of the court system; it acknowledges their hard-won place as valued members of society.

Reducing criminal recidivism is a major selling point of drug courts. Recidivism among all participants, regardless of whether they complete the program, ranges from 5 to 28 percent. Among graduates, recidivism is only 4 percent. These figures represent results from multiple drug courts, with follow-up periods ranging from 6 months to 3 years. Even for those who do not complete treatment, the potential to delay or prevent recidivism is a valuable outcome, particularly for programs with lower retention rates.

Drug court judges are careful not to exaggerate the potential of their programs. Los Angeles Judge Stephen Marcus cautions that, "The worst thing you can do is oversell it....After graduation, the literature tells us we'll lose another third within five years....But five years is a long time. They get divorced, have bad business judgements, lose money, lose jobs, family members die; these things happen to everybody....And that's why you cannot predict what's going to happen to people. I look for people to show some strength of character when something goes wrong. But they're very fragile [and] if something goes wrong or doesn't turn out, they're very likely to go back to the drugs....So, be realistic."

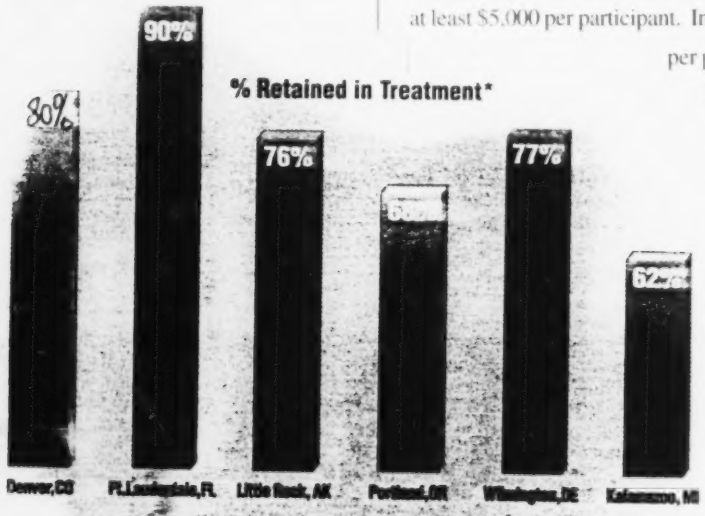
Recidivism Reduced in Drug Court



Drug Court Clearinghouse and Technical Assistance Project, 1996

> "It's cost-effective . . . But even if it doesn't work to the numbers that people would like, it works better than what the rest of the system is doing now."
>
> *Judge Stephen Marcus*
> *Los Angeles Drug Court*

Treatment Retention Averages 75%



** Treatment programs vary in length; figures reflect % of participants that have either graduated or remian in good standing in treatment*

Drug Court Clearinghouse and Technical Assistance Project, 1996

Cost Effectiveness. Drug courts save money. Savings vary due to program diversity, but even the most modest estimates are impressive. Estimated savings in jail costs are at least $5,000 per participant. In Washington, D.C., a year of drug court cost $1,800 to $4,400 per participant. This compares to at least $20,000 per year to jail the defendant.

There are indirect savings as well. With fewer drug offenders incarcerated for drug law violations, jurisdictions are able to lock up more serious offenders without building new facilities. Some jurisdictions with treatment alternatives to jail now rent out empty jail space to neighboring counties. In Oakland, California, the 1,200 offenders entering drug court annually spend approximately 35 percent fewer days in custody, freeing up jail space for rental to San Francisco and federal prison authorities.

Drug court participants who would otherwise be incarcerated are instead able to work while they are in treatment. These recovering offenders can contribute to the cost of their own treatment as well as help support families who might otherwise need **public assistance.**

An estimated 221,000 pregnant women use illicit drugs each year during pregnancy. By requiring pregnant offenders to participate in supervised treatment, drug courts reduce the number of babies born drug-addicted. Since 1989, more than 200 drug-free babies have been born to women enrolled in drug courts. Reduced health care costs are estimated at $250,000 per baby, for a total savings of at least $50 million.

Broader Impact. Most drug courts report significant outcomes in other areas. Although these results are difficult to measure, they are quite tangible to the professionals working in the courts.

Drug courts are widely reported to process cases more expeditiously than other criminal courts. Fewer delays and improved information management creates more efficient court administration, faster case processing, and closer supervision of offenders.

> “Drug Courts are an investment for the long term. What is used in resources pays off, because many of those cases will not come back.”
>
> *Marilyn Roberts*
> *Director, Drug Courts Program Office*

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In addition, court administrators observe that creating partnerships among court officials who typically are **adversaries** reaps important benefits. John Carver, former Director of Pretrial Services in the District of Columbia, observed, "It's a marriage between communities that have been traditionally at odds and foreign to each other—treatment communities, court communities, prosecutors, defense attorneys. It's a very different approach to say that each of us will put aside our traditional roles and unite around a single goal of addressing the underlying addiction...And for the first time, someone appearing before the court can actually influence the outcome. It sets up a very predictable structure where they can control their destiny. It is a huge step forward from the traditional way we do things."

Drug courts improve the impact of existing procedures. By enhancing communication among the courts, law enforcement, and treatment programs, court appearance time is reduced for police officers and treatment providers. Police officers, prosecutors, and judges report that they function as professionals more effectively in drug courts, and that this non-traditional approach actually succeeds in reducing crime. By ending the cycle of drugs and crime for many offenders, wasteful spending is reduced. Prosecutors, judges, court administrators, probation officers, and police are less frustrated, and their productivity is improved.

Within the criminal justice system there is renewed faith in the power to create positive change. Through partnerships with police, drug courts also renew faith in the courts as more than a revolving door for criminals. NADCP has begun a project utilizing community policing and community courts in cooperation with the Community-Oriented Policing Services (C.O.P.S.) of the U.S. Department of Justice. Its mission is to help develop innovative **linkages** between law enforcement and the courts.

Tensions among professionals in a variety of disciplines are reduced through the drug court experience. The model provides a framework for enhanced communication and effectiveness in a broad range of criminal justice areas. Judge Richard Gebelein describes this process: "We've been able to bring treatment people into constant communication with the criminal justice people, [and] bridge a pretty serious gap between the two. The treatment providers have found that the 'club' the court has over the offenders' heads makes them stay longer in treatment, and have higher success rates in treatment. So it works better for everyone."

Grassroots Change

"We expect different behavior... by everyone involved with Drug Courts. Lawyers leave their adversarial hats outside... Judges interact with clients on a one to one basis... Clients are held publicly accountable for their actions and face immediate consequences or praise. It's probably the only movement in the judicial system that has bubbled up from the grassroots to the Federal government."

Tim Murray
Former Director, Drug Courts Program Office
Former Director, Miami Drug Court

The Urban Institute Evaluations. The U.S. Department of Justice funds evaluations of crime reduction programs. Most drug court evaluations are conducted by individual drug court programs, which limits the applicability of the results. Between 1995 and 1997, $1.25 million of the Drug Courts Program Office budget will be used for broader program evaluation administered by the National Institute of Justice. Several additional evaluations are being conducted by the Urban Institute in Washington, D.C. to determine the impact and effectiveness of drug courts and related approaches.

One is an evaluation of the drug court in Washington, D.C. Using random assignment to three different program tracks for drug offenders facing criminal prosecution, the design allows the court to compare the outcomes of different approaches for comparable offenders. The first group receives standard services that have always been available to offenders (e.g. outpatient treatment programs with very little monitoring). A second group of offenders goes to intensive treatment and other support services, with daily testing and group meetings. The third approach stresses immediate and increasingly severe sanctions. Clients are referred to treatment programs and report to court for drug testing twice a week. With each violation of release conditions (positive tests or missed treatment), the court imposes increasingly severe sanctions.

Preliminary results on 720 defendants found that those who went through drug treatment or sanctions were more likely to have negative drug tests ("clean urines") in the month before sentencing (20 percent and 32 percent, respectively) than those in a standard court docket (13 percent). The Urban Institute will study the impact of the treatment and sanctions dockets on court services and operations. A cost-benefit analysis will also be conducted by the end of 1998.

By the year 2000, the Urban Institute will also complete evaluations of the Brooklyn, New York drug court and the Breaking the Cycle project in Birmingham, Alabama (the latter is funded by both the U.S. Department of Justice and the U.S. Center for Substance Abuse Treatment).

VI. Juvenile Drug Courts

Youth, Drugs, and Crime. Drug abuse among juveniles is on the rise. Monthly drug use among 12-17 year olds has doubled since 1991; by 12th grade, almost half of high school students have tried marijuana.

Drug abuse among youth fuels the drug trade around schools and contributes to juvenile delinquency. Between 1991 and 1995, juvenile arrests overall rose 20 percent. Drug arrests accounted for much of this increase, more than doubling from 65,800 to 147,107. The number of juvenile jail inmates also increased fourfold between 1984 and 1994.

Illegal drug abuse is widespread among juvenile arrestees. According to the Drug Use Forecasting System, at least one-third of juveniles test positive for illegal drugs at the time of arrest, regardless of the offense charged. The drug positive rate jumps to over two-thirds among those arrested for drug offenses.

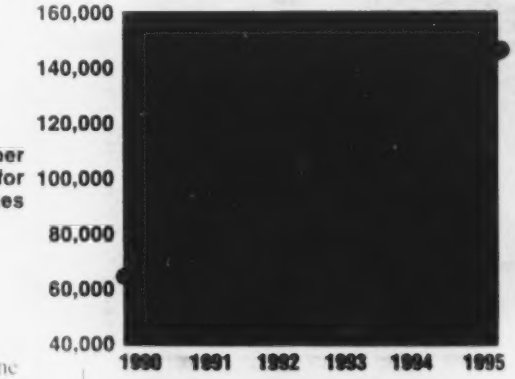
In recent years, the public has grown concerned about increasingly violent crime among youth, and political support has mounted for tougher sentencing and fewer restrictions on trying minors as adults. However, 42 percent of violent juvenile offenders test positive for illegal drugs at the time of arrest. Pervasive drug abuse among violent youth underscores the need for intensive drug treatment in the juvenile justice system.

Drug and alcohol abuse by family members is common in child abuse and neglect cases. Most children in **foster care** (78 percent) are there as a result of substance abuse by a family member. In 1995, two-thirds of the parents of abused and neglected children in the District of Columbia Family Court tested positive for cocaine. Substance abusing youth come to the attention of the court through both delinquency and dependency cases. When the children of drug abusers participate in their parents' treatment (as in many adult drug courts), their own drug abuse may also become apparent.

Judge Carolyn Williams, who presides over a juvenile court in Michigan, notes the overlap of drug problems between adult and juvenile court cases: "Certainly one of the common denominators we see...is some sort of substance dependence on the part of the parent. I would say 80 percent of our neglect cases, and possibly 60 to 70 percent of our delinquency cases, involve not just the conduct of the child, but the conduct of the parent that interferes with their parenting and supervision of the child. We can see there's a real connection."

Some jurisdictions have started drug courts to cope with the rising prevalence of drug problems among youth. These courts report that 50 to 80 percent of their **delinquency** caseloads are either drug cases or juveniles who abuse drugs and alcohol. By April 1997, there were 18 juvenile drug courts in 11 states, and 41 more in the planning stages.

Juvenile Drug Arrests Skyrocket



Uniform Crime Reports, FBI

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The first program opened in Las Vegas, Nevada in 1994. So far, half of participants have graduated—a striking outcome for a group of offenders who failed everywhere else in the criminal justice system before going to drug court.

Juvenile Drug Court Programs. Juvenile drug courts have two primary goals: curtailing substance abuse and reducing delinquent activity among participants. However, several courts also have secondary goals, such as reducing parents' substance abuse, improving juveniles' school performance, and addressing the entire family's social and economic needs.

Juvenile drug courts are modeled after programs for adults, but applying the idea to juveniles has required innovative approaches. The challenges include:

- addressing the influences of peers, gangs, and families;
- addressing family needs;
- completing thorough assessments while complying with confidentiality requirements in juvenile proceedings;
- motivating juvenile offenders to change; and
- making programs developmentally appropriate for youth.

Some strategies are evolving in juvenile drug courts that differ from those of adult drug courts. They involve:

- more comprehensive intake assessments;
- greater focus on family functioning as well as individual functioning;
- greater coordination among the courts, treatment providers, schools, and other agencies;
- more active, continuous judicial supervision; and
- use of sanctions and incentives with both the juvenile and the family.

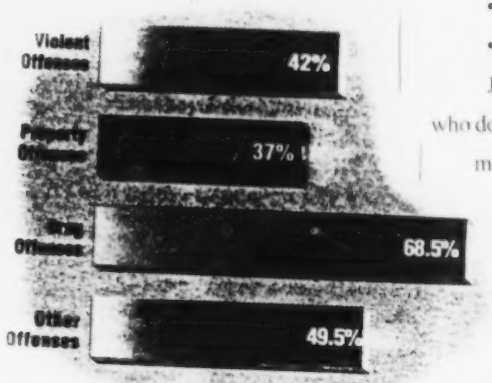
Juvenile drug courts target youths with moderate to severe substance abuse problems who do not pose a danger to the community. In addition to drug possession cases—handled in most drug courts—juveniles charged with theft, drunk driving, truancy, and even some assaults are eligible to participate in some jurisdictions.

Most programs use a post-adjudication design. After guilt has been determined in a delinquency case, sentencing is suspended for the duration of the program. Some courts reduce sentences, while others rescind the finding of delinquency and dismiss the charges when treatment is successfully completed.

Family involvement is an essential element of juvenile drug courts. Some programs use home visits or family therapy, or require family members to reduce in their own substance abuse. In some states, if they do not comply, parents can lose visitation rights or custody of their children.

Drug testing is a critical component of all juvenile drug courts. Five juvenile drug courts also require parents or guardians to submit to drug testing.

Drug Use Pervasive Among Juvenile Arrestees



Drug Use Forecasting System 1996

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Juvenile drug courts are attempting to improve coordination between the court and community agencies during case supervision and disposition. The judge's plays a key role in overseeing the performance and progress of the juvenile under the drug court's jurisdiction. So far, treatment **retention rates** in juvenile drug courts range from 67 to 95 percent. Rigorous monitoring and treatment have the potential to reduce drug abuse and criminal activity among youth, but the programs are too new to have demonstrated long-term impact in these areas. Participants' school attendance, achievement, and behavior should also be studied. Many courts believe that drug court programs can reduce disruptions in school through court sanctions.

Sanctions and Incentives. Graduated sanctions and incentives are used to compel compliance in all juvenile drug courts. Sanctions include detention, increased supervision, increased testing, intensified treatment, fines, work crews, curfews, letters of apology, electronic monitoring, suspended driving privileges, and community service. Incentives include movies, sporting events, graduation, positive peer and court feedback, job placement, points toward recreation time, early release, and case dismissal.

Seven programs have also developed sanctions and incentives to encourage compliance by parents. These sanctions include required attendance at 12-step meetings, family counseling, parenting classes, jail, community service, fines, contempt charges, and removal of the child from the home. Incentives include visitation, regaining or retaining custody of children, awards, and public recognition from the court.

Challenges Ahead. Potential obstacles exist to successful outcomes in juvenile drug courts. Evaluating the likelihood of repeat offenses and the danger posed by a juvenile drug court participant is difficult because there is little history in most juvenile cases. The task requires more sophisticated screening and **assessment** tools than some courts currently use. Confidentiality remains an important concern. Laws inhibit exchange of certain information about juveniles, including their previous violent acts.

There is also debate about whether gang-involved youth should be allowed into drug court programs. While some feel they should be excluded, others believe each situation should be evaluated individually. These concerns have implications for public acceptance of juvenile drug courts and also point to the need for thorough case assessment.

Parental noncompliance with treatment recommendations concerns judges and treatment providers. Not all states require families to participate in court proceedings, making it difficult for judges to compel families to attend therapy or submit to drug tests. In some cases, the level of family dysfunction may require appointment of a guardian *ad litem*. It is unclear how such circumstances will affect long-term outcomes in juvenile drug courts.

> "Certainly one of the common denominators we see...is some sort of substance dependence on the part of the parent."
>
> *Judge Carolyn Williams*
> *Juvenile Court*
> *Kalamazoo, Michigan*

Spotlight

Visalia, California Juvenile Drug Court

As juvenile drug arrests have increased, some juvenile courts have opened drug courts. One example is the juvenile drug court in Visalia, California, started by Judge William Silveira in October 1995, following a dramatic increase in the number of non-violent juvenile offenders with drug problems entering his court.

Judge Silveira considers a post-adjudication model essential to his program, which encourages youth to confront their drug use and demonstrate willingness to change their behavior. The program rehabilitates offenders pleading guilty and sentenced in juvenile court. It incorporates schools and families in treatment, and reaches kids in remote areas.

The Visalia juvenile drug court focuses on drug treatment, responsibility, and stability. Kids develop a greater understanding of themselves and the dangers of drug use through counseling, 12-step program participation, and the completion of an autobiography. While the drug court focuses on the juvenile participant, Phase I of the program incorporates the family, which transports youth to scheduled appointments. Families also work with an assigned caseworker to learn communication skills, conflict management, and drug use warning signs. Graduation from the juvenile court is contingent upon successful school attendance, behavior, and performance. In some cases, parents simultaneously undergo treatment in Visalia's adult drug court.

Ninety-six percent of parents of graduates strongly commend the program for improving family relationships and communication, school attendance, and grades. The same proportion also reported that their children continue to be drug-free. Statistics support parents' praise for the Visalia drug court. Of the 114 participants who have entered the nine month program since October 1995, three quarters have stayed in treatment or graduated. Roughly a quarter earn incentives points toward graduation, and actually complete the program in seven months; half complete the program in nine to ten months; and the remainder take up to twelve months to graduate.

Seventy-four percent of graduates started using drugs between the ages of 12 and 14 years old, indicating a positive impact of the drug court on juveniles with early onset drug use. Only 11 percent have been rearrested within six months of graduating.

Through forfeiture asset dollars and block grants, the Visalia Juvenile Drug Court is able to provide counseling services in remote areas by working with outside agencies and providing once a week visits for the next year.

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VII. Looking to The Future

According to the Federal Bureau of Prisons, the federal government will spend $335 million on new prisons in 1997, and new state prison construction tops $4 billion annually. These numbers provide a strong **fiscal argument** for supporting alternatives to incarceration. Drug courts offer an end to the costly cycle of drugs and crime for many drug abusers; investment in these courts is the country's best hope for a more effective criminal justice system. As President Clinton told the White House Leadership Conference on Youth Drug Use, "It's a very exciting thing [drug courts]. I would like to see it done everywhere."

The future of drug courts depends on many factors—above all, successful outcomes which, in turn, hinge on changing individual behavior. Additionally, these courts must meet national standards even as they remain flexible to adapt to local conditions and remain relevant to obtain public support. As more professionals become familiar with drug courts, their experience can influence others. Already some of these professionals are exploring ways to apply drug court approaches to other non-violent offenses.

Showing Impact. Sustained support for drug courts will depend on successful outcomes. Some early drug courts devoted precious dollars to studying recidivism and long-term drug abuse trends among participants. Others were able only to report rates of retention in their programs.

Currently, federally funded drug courts are required to measure specific outcomes, including drug abuse and recidivism. Local crime rates, jail and prison expenditures compared to drug court expenditures, speed and efficiency of case processing, ease of communication among agencies, and impacts on other courts also can be used to support continued funding. Some courts are developing sophisticated management information systems to gather data for court proceedings as well as for impact evaluations.

These evaluations demand a commitment to careful record-keeping and follow-up. Researchers must be well-versed in longitudinal program **evaluation,** criminal proceedings, probation systems, substance abuse treatment, crime trends, public health, and social services.

It is difficult to compare success rates in different courts. Degrees of impact depend on local rates of crime and drug abuse. Jurisdictions where homelessness, poverty, or joblessness are prevalent may find more entrenched substance abuse problems among criminal offenders.

Outcome data are also influenced by the eligibility criteria drug courts use. Programs for juveniles, women, and other special populations also face unique challenges and offer different services which may affect outcomes.

Finally, the availability of treatment affects program success. When treatment programs are not immediately available, too expensive, or unwilling to cooperate with a court's requirements, drug abusers may not find appropriate treatment settings. Results suffer as a consequence.

> "This is a group of people who have never been on time in their lives for anything, who have never shown up three days in a row for anything . . . To do it for a year is a significant commitment. So when people come out of here, apart from kicking the substances and the crime, a lot of them have some survival skills."
>
> *Greg Long*
> *Assistant District Attorney*
> *Denver Drug Court*

"The drug court experience has given me a new perspective on what criminals face, both in their private lives and in the courts system.... The more judges that sit on that bench, the more change it will make throughout the justice system."

Judge William Meyer

Preventing Relapse. Relapse is a challenge for all drug treatment programs. Like diabetes and heart disease, drug abuse is a chronic relapsing illness, which can be modified by the patient's behavior. Despite many successes, one in four drug court participants drops out of treatment. Others graduate, but are not able to maintain sobriety over the long term. One promising drug court graduate who was interviewed for this report relapsed and committed suicide within a year of graduation. Drug court professionals must strive to understand why some participants do not succeed in treatment, and learn how to reduce **relapse rates** in order to reduce criminal recidivism. In the eyes of critics, failures endure much longer than successes. This gives drug courts one more reason to be vigilant about understanding and minimizing relapse.

Diversity and Standards. Flexibility and diversity among programs can maximize their effectiveness at the local level, and in practice, local jurisdictions usually design their own drug courts. Despite common features and goals, solutions to the challenges of funding, agency collaboration, public opinion, and long term survival are unique to each program.

But even as drug courts spread, it will also be useful to establish standards of practice. The National Association of Drug Court Professionals, in cooperation with the Drug Courts Program Office, has defined the key components of drug courts, and developed performance benchmarks. Implementing the key components will increase the credibility of this interdisciplinary approach and make other jurisdictions more likely to consider starting drug courts.

Stimulating Public Support. Despite numerous reports about drug courts produced for television, radio, and print media outlets, public understanding of drug courts is still low. Leaders in the drug court field have concentrated primarily on starting new drug courts, educating criminal justice system personnel and treatment providers, and securing funding for drug courts. Relatively little energy has been devoted to educating the public about the national drug court movement.

Programs benefit from getting the press involved early. Judge Justine Del Muro of the Kansas City, Missouri drug court describes some of these benefits: "One approach is to promise the reporters exclusive coverage, if they'll agree to coordinate release of stories with the court. This allows them to observe the drug court's evolution and get to know the players. The perspective gives their reports more credibility and insight into the value of the local drug court." By cultivating a positive, ongoing relationship with specific reporters and local **media** outlets, drug courts can win political, financial, and public support; in Kansas City, it garnered support for a ballot initiative to raise sales taxes by a quarter-cent, which helps fund the drug court.

Professional Perspectives. Judges and other professionals who have worked in drug courts frequently find that the experience has changed their perspective. A drug court judge who later moves to a domestic court, juvenile court, or another criminal court takes along new insights about the circumstances of **defendants** who come before the bench. As drug court professionals move into other courts, they take the collaborative strategy of drug court with them; they also spread the word about how drug courts work.

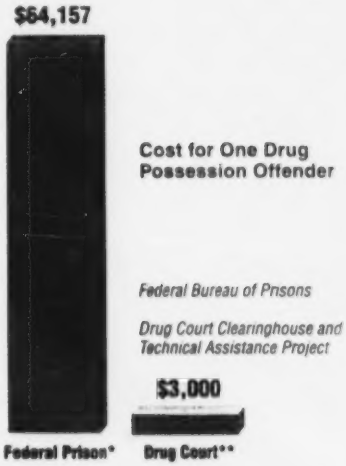
Judge William Meyer, the first judge to preside over the Denver drug court, recently moved on to a domestic court. He explains, "The drug court experience has given me a new perspective on what criminals face, both in their private lives and in the courts system....The more judges that sit on that bench, the more change it will make throughout the justice system."

In Charlotte, North Carolina, the drug court built community support by adding the local police to the drug court planning team—an approach that more and more courts are using. Steve Ward, Charlotte's district attorney, explains, "there is great value in involving high-ranking local police in steering committee activities and in talking to line officers. It helps police feel the program is their own, and they have insights about gaining community acceptance, because they're out there every day."

When police officers become involved in day-to-day monitoring of court cases, they develop a better understanding of offenders. The result is less antagonism toward the police, and a more positive relationship with the larger community. Betsy Cronin, coordinator of the drug court in New Haven, Connecticut, explains the court's unique partnership with Community-Oriented Policing Services (C.O.P.S.): "Traditionally, the police department felt cut off; they did the arrest without ever knowing what happened afterward. Here, the police officer is there to monitor the client...and work with treatment clinicians. There is direct communication between the assigned officer and the judge on a daily basis....By involving officers in the interventions, they understand that drug courts are not unsupervised release programs, but programs that **enforce** treatment."

Federal Drug Courts. Drug courts should be available to the federal justice system. Sixty percent of federal prison inmates are drug offenders. Many judges recognize that diverting drug cases out of the federal system would relieve strains on the growing federal caseload. The average drug offender spends about 33 months in federal prison, at an average cost of at least $1,962 per month, totaling over $64,000. This compares to about $3,000 for a defendant to participate in a drug court program for a year (based on costs in state drug courts).

Federal Prison More Costly than Drug Courts



** Federal drug posession offenders serve an average of 32.7 months at a monthly cost of $1,962 in 1997*

*** One year in a drug court program*

Expansion and New Applications. Despite the success of drug courts, existing programs still reach only a small fraction of drug abusing offenders. With continued growth, drug courts will ultimately reduce **corrections costs** and crime rates on a large scale.

Most drug courts offer treatment to non-violent offenders charged with drug possession. But rates of drug abuse are high among all offenders, not just those arrested for drug law violations. The success of drug courts is leading many courts to consider similar interventions with other non-violent offenders. Theft, prostitution, and many other property crimes are committed by drug abusers in order to buy drugs. According to Judge Bruce Beaudin, formerly of the Washington, D.C. drug court, "whether they're arrested for drug possession, sale, or prostitution simply depends on what time of day it is."

Potential applications of the drug court model are many, and officials from nations around the world are visiting U.S. drug courts and considering their value for their own citizens. Traditional probation and parole systems have often failed to rehabilitate drug abusers, property offenders and violent criminals. An expanding range of sentencing options, including day reporting programs, and community courts, have emerged as alternatives to incarceration. Like drug courts, these approaches treat prison as a "back-up, not a backbone" in the criminal justice system.

Judge Jeffrey Tauber started the drug court in Oakland, California, and is President of NADCP. He explains: "The central idea behind drug courts is 'smart punishment': the imposition of the minimum amount of punishment necessary to achieve the twin sentencing goals of reduced recidivism and reduced drug usage." This is achieved by combining strategies from many disciplines. Judge Tauber points out: "A judge who uses extended incarceration as the only sanction for drug usage, like a carpenter who shows up at a job site with only a hammer, does not have the tools to get the job done. The drug court judge carries intensive supervision, counseling, educational services, residential treatment, acupuncture, medical interventions, drug testing, and program incentives, as well as incarceration in his or her toolbox."

Drug courts create bridges among diverse professional groups, and there is potential for tremendous growth as this **model** is adapted for other types of criminal cases. As Barry Mahoney of the Justice Management Institute said, "The intractability of the criminal justice system is being challenged by drug court case processing. Drug courts generally move much more swiftly, focus on the real problems, and act effectively. They may shake up the whole justice system."

"

It is a huge step forward from the traditional way we do things.

"

John Carver
Former Director of Pretrial Services in the District of Columbia

Moving Forward: Models for Federal Drug Courts

With increasingly overcrowded prisons, federal drug courts are essential—the question is when. Obstacles to moving forward include restrictions in the *Federal Sentencing Guidelines*; access to funds for pilot programs; and lack of immediate incentives for prosecutors, judges, and defense attorneys. Overcoming these obstacles requires a willing planning team with the right drug court model. In anticipation of growing interest in federal drug courts, Drug Strategies offers three possible models which would integrate drug court strategies into the federal system:

A Federal-State Partnership: To reduce the number of low-level, nonviolent drug abusers in federal prisons, U.S. Pretrial Services will identify cases that will eventually go through a state drug court. A memorandum of understanding (MOU) between the local U.S. attorney and the local state attorney would specify that the following conditions must be met:

- before a plea is entered, the U.S. attorney would dismisses the case;
- the defendant's testimony under oath before the grand jury would be immunized (not used against him or her) in order to gain his or her assistance with information about major dealers;
- cases meeting criteria would be transferred to state court;
- lesser charges would be brought by the state prosecutor;
- defendants would agree to enter a guilty plea to the state charges;
- defendants would be enrolled in a drug court program (either a deferred judgement or post- adjudication model);
- participants would be required to submit to testing and undergo graduated sanctions when program requirements are not met; and
- the final outcome would be based upon a state disposition, pending outcome of drug court participation.

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An Early Release Incentive Program: By releasing prisoners to the community who have not had adequate drug treatment, their return to the criminal justice system is virtually assured. Conditional early release programs which send federal inmates directly to drug treatment from prison have several advantages:

- incarceration funds could be used to offset treatment costs, and increase the number of treatment slots open to federal offenders;
- the judge would monitor cases until they complete treatment and are released early to parole, or if they fail to complete treatment and are returned to prison to complete their sentence; and
- to reduce relapse risk, reentry into the community would be an integral part of treatment, with a transition to outpatient care and sober housing upon parole.

Alternative Sentences Within the Guidelines: The Sentencing Commission already gives federal judges alternatives to straight imprisonment. An MOU would specify that:

- eligible defendants (in Zones A, B, C of the Sentencing Table) must plead guilty to federal charges;
- defendants would be sentenced to one of the out-of-prison alternatives stated in the guidelines;
- defendants would serve this alternative sentence while participating in court-supervised treatment and drug testing and appearing regularly in court;
- the court may impose graduated sanctions if program requirements are not met;
- if participants fail to comply with terms of the agreement, the court may at any time use its authority to modify the sentence to imprisonment within the guidelines; and
- if prosecutors in some jurisdictions needed more incentive, the MOU could include an agreement that defendants assist the government in prosecuting other cases (as in the partnership model discussed above).

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A complete list of citations may be obtained from Drug Strategies.

Appendices

* being planned
** using drug court strategies
■ - juvenile/adult and juvenile
■ - female/family focus
bold - NADCP mentor court

Drug Courts by City and State

ALABAMA

Atmore*	334/368-9136
Birmingham	205/325-5465
Birmingham	205/325-5660
Cullman*	205/733-3530
Mobile	334/690-8474
Montgomery*	800/821-1371
Tuscaloosa*	205/349-3874

ALASKA

Gambell*	907/875-5612
Juneau*	907/586-1432

ARIZONA

Globe*	520/425-8281
Peach Springs*	520/769-2216
Phoenix	602/506-3347
Sacaton*	520/562-6200
Scottsdale*	602/874-8115
Tucson*	520/940-2067
Tucson*	520/740-8215
Yuma*	520/329-2210

ARKANSAS

Little Rock	501/340-5602

CALIFORNIA

Bakersfield	805/861-2411
Chico	916/895-6502
El Cajon*	619/441-4335
El Monte	818/575-4144
Englewood*	310/419-5109
Eureka*	707/445-7620
Fairfield	707/421-7400
Hayward**	510/670-5605
Huntington Park*	213/568-7369
Indio*	619/863-8438
Laguna Nigel	714/249-5059
Los Angeles*	213/526-6377
Los Angeles	213/974-6037
Martinez*	510/313-6350
Modesto	209/525-6509
Oakland	510/268-7611
Oakland	510/268-7644
Pasadena	818/356-5356
Porterville	209/782-4710
Prosserville**	916/573-3054
Redlands*	909/798-8542
Richmond	510/374-3161
Riverside	909/275-2346
Roseville	916/784-6421
Sacramento	916/440-9695
Salinas	408/755-5050
San Bernardino	**909/387-3993**
San Diego	619/531-3711
San Francisco*	415/753-7551
San Francisco	415/554-4521
San Jose	408/299-7397
San Jose	408/299-2074
San Luis Obispo*	805/781-5341
San Mateao	415/363-7835
Santa Ana*	714/935-6600
Santa Ana	714/834-4665
Santa Barbara	805/346-7678
Santa Cruz*	408/454-2380
Santa Maria	805/346-7574
Santa Monica	310/260-3629
Santa Rosa	707/527-2571
Stockton	209/468-2960
Tulare	209/685-2550
Ukiah*	707/463-4486
Ventura	805/654-3002
Visalia	209/733-6830
Visalia	209/733-6712
Vista	619/940-4728
Woodland	916/666-8581
Van Nuys*	818/374-2662

COLORADO

Denver	303/640-3604

CONNECTICUT

Bridgeport*	203/579-6540
Hartford*	203/251-5000
New Haven	203/789-7472

DELAWARE

Dover	302/739-5333
Georgetown	302/856-5256
Wilmington	302/577-2400
Wilmington	302/577-2200

FLORIDA

Bartow	914/534-4667
Bradenton	941/951-5707
Crestview	904/689-5730
Daytona*	904/736-5946
Ft. Lauderdale*	954/831-7095
Ft. Lauderdale	954/831-7871
Gainesville	904/374-3641
Jacksonville	904/630-2028
Key West	305/292-3433
Key West	305/292-3422
Marathon	305/292-3433
Marathon	305/289-6029
Miami	305/545-3467
Moorehaven*	941/674-4050
Ocala*	352/620-3570
Orlando*	407/423-6258
Orlando*	407/836-2281
Panama City	904/747-5322
Pensacola	**904/436-9244**
Pensacola	904/436-9244
Pensacola	904/436-9244
Plantation Key	305/852-7165
Sarasota*	941-951-5705
Tallahassee	904/488-2877
Tampa	813/272-6890
Tampa	813/276-2433
Viera	407/690-6864

GEORGIA

Atlanta	404/527-7374
Brunswick	912/651-2040
Covington*	770/784-2062
Macon	912/749-6545
Marietta	770/528-8931

HAWAII

Honolulu	808/539-4084

IDAHO

Boise*	208/334-2100

ILLINOIS

Bloomington*	309-888-5400
Chicago	312/443-6032
Cook County	312/443-4454
Decatur*	217-424-1400
Edwardsville	618/692-7040
Kankakee	815/937-3903
Kankakee*	815/937-3650
Markham	708/210-4170
Peoria*	309/672-6088
Rockford	815/987-2522
St. Charles*	630/406-7192

* being planned
** using drug court strategies
■ - juvenile/adult and juvenile
■ - female/family focus
bold - NADCP mentor court

INDIANA

Crown Point	219/755-3580
Fort Wayne*	219/449-7563
Gary	219/881-6114
Gary	219/881-1271
Lafayette*	317/423-9266
Lawrenceburg*	812/537-8884
South Bend*	219/235-9051
Terre Haute	812/462-3268

IOWA

Des Moines	515/286-2070

KANSAS

Wichita	316/268-4600

KENTUCKY

Bowling Green*	502/843-5405
Frankfurt*	502/573-2350
Hickman*	502/236-2839
Louisville	**502/595-4610**

LOUISIANA

Alexandria*	318/437-5191
Baton Rouge	504/389-4706
Baton Rouge*	504/354-1250
Franklin	318/828-4100
Harvey*	504/838-5221
Gretna*	504/367-4437
Lafayette*	318/269-5708
Lake Charles	318/437-3530
Monroe*	318/361-2286
New Orleans*	504/827-1400
Oberlin*	318/639-2641
Thibodaux*	504/446-1381
Vidalia*	318/336-7121

MAINE

Alfred*	207/324-5122

MARYLAND

Annapolis*	410/974-2734
Baltimore	410/764-8716
Baltimore	410/ 396-5080
Baltimore*	410/764-8716
Rockville*	301/217-8007

MASSACHUSETTS

Dorchester	617/522-4710
Framingham*	508/875-4525
Greenfield	413/584-5033
Lawrence*	508/687-7184
Lynn*	617/598-5200
New Bedford*	508/999-9700
Salem*	508/744-4681
Springfield*	413/739-5579
Worcester	508/757-8350

MICHIGAN

Detroit*	313/965-2568
Kalamazoo	616/329-4591
Kalamazoo	616/383-8947
Kalamazoo*	616/385-6041
Mt. Clemens*	810/469-5164
Pontiac	810/858-0349
Port Huron*	810/985-2031
St. Joseph	616/983-7111

MINNESOTA

Minneapolis	612/348-4389

MISSISSIPPI

Gulfport*	601/865-4003
Jackson*	601/968-6677

MISSOURI

Benton	573/471-9447
Clayton*	314/889-2678
Jefferson City*	573/526-8848
Kansas City	**816/281-3604**
Lexington	816/886-5521
St. Louis*	314/622-4377

MONTANA

Browning*	406/338-5061
Missoula	406/523-4773

NEBRASKA

Omaha*	402/444-7371

NEVADA

Las Vegas	**702/455-4668**
Las Vegas	702/455-5325
Reno	702/328-3158
Reno	702/328-3179

NEW JERSEY

Camden	609/225-7122
Jersey City*	201/795-6604
Long Branch*	908/229-5655
Newark	201/621-4343
Newark	201/733-8905
Patterson*	201/881-7707

NEW MEXICO

Albequerque	505/841-7472
Astec*	505/326-2256
Doneana County	505/524-2814
Doneana County	505/589-0709
Las Cruces	505/524-1955
San Juan County	505/326-2256

NEW YORK

Amherst	716/858-3747
Bronx*	212/417-4657
Brooklyn	718/643-3185
Buffalo	716/847-8215
Central Islip	516/853-5368
Ithaca*	607/273-6504
Lackawana	716/827-6486
New York**	212/484-2700
New City*	914/574-4940
New York*	212/374-3200
Niagara Falls**	212/417-2004
Oswego*	315/298-6545
Queens*	212/417-4652
Renssalear*	212/417-4652
Rochester	**716/428-2450**
Syracuse	315/477-2775

NORTH CAROLINA

Charlotte	704/347-7801
Cherokee*	704/497-5246
Raleigh	919/755-4100
Roxboro/Yanceyville	910/761-2478
Warrenton*	919/496-2445
Wilmington*	910/341-4416
Winston Salem	910/761-2478

OHIO

Akron	330/375-2054
Canton*	330/438-0931
Chillicothe*	614/774-1177
Cincinnati	513/632-8615
Cleveland*	216/443-5818
Cleveland*	216/443-8696
Dayton	513/225-4440
Dayton*	937/225-4252

* being planned
** using drug court strategies
■ - juvenile/adult and juvenile
■ - female/family focus
bold - NADCP mentor court

Hamilton	513/887-3303
Mansfield*	419/774-5570
Saint Clairsville*	614/695-2121
Sandusky	419/627-7731
Toledo*	419/245-4369
Unrichsville*	614/922-4793
Youngstown*	330/740-2138

OKLAHOMA

Ada*	405/332-8940
Chickasha*	405/224-5564
Clarmore*	918/341-3164
Drumright*	918/352-2575
El Reno*	405/262-1070
Elk City*	405/225-3230
Enid*	405/233-1311
Guthrie	405/372-0559
Holdenville*	405/332-8940
Muskogee*	918/683-2997
Oklahoma City*	405/278-1423
Oklahoma City*	405/522-3857
Seminole*	405/382-0488
Stillwater*	405/372-4883
Stillwater	**405/372-0559**
Tahlequah*	918/455-6173
Tulsa	918/596-5230

OREGON

Eugene	541/687-4259
Grants Pass	541/476-2309
Klamath Falls	541/883-5560
McMinnville*	503/434-7506
Pendelton*	541/276-2046
Portland	503/248-3052
Roseburg	541/957-2422

PENNSYLVANIA

Philadelphia*	215/683-7238
Pittsburgh*	412/350-5796
Williamsport*	717/327-2436
York*	717/771-9234

SOUTH CAROLINA

Charleston*	803/720-2206
Columbia	803/748-4684
Lexington	803/637-4095
Orangeburg*	803/479-5617

SOUTH DAKOTA

Flandreau*	605/997-3891
Lower Brute*	605/473-5361
Pine Ridge*	605/867-5141

TENNESSEE

Memphis	901/576-5190
Clarksville*	615/648-5704
Decaturville*	901/852-3240
Maryville*	423/982-5263
Nashville*	615/862-5945

TEXAS

Austin	512/476-8595
Beaumont	409/835-8506
Comroe*	409/539-7861
Dallas*	214/653-5850
Forth Worth	817/884-1736
Houston*	713/229-3241

UTAH

Provo*	801/370-8430
Salt Lake City	801/265-5982
Salt Lake City	801/238-7302
Vernal*	801/781-5435

VERMONT

Montpelier*	802/828-3278

VIRGINIA

Charlottesville*	804/293-5859
Fredericksburg*	540/371-7137
Newport News*	751/928-6876
Richmond*	804/698-3801
Roanoke	703/981-2436
Suffolk*	757/925-6306

WASHINGTON

Mt. Vernon*	360/336-6647
Olympia*	360/786-5540
Port Angeles*	350/417-2386
Port Orchard*	360/895-4878
Seattle	206/296-9295
Spokane	509/456-4712
Tacoma	206/591-3655

WEST VIRGINIA

Hamlin*	304/824-7990

WISCONSIN

Madison*	414/278-4482
Milwaukee*	608/837-4748

WYOMING

Gillette*	307/682-2190
Sheridan	307/672-9552

DISTRICT OF COLUMBIA

Washington, D.C.	202/727-2911
Washington, D.C.*	202/879-1600

GUAM

Agana*	671/475-3544

PUERTO RICO

Carolina	787/721-7700
Ponce	787/841-4190
San Juan*	787/758-7155

FEDERAL

U.S. District Court
Eastern District of California
Yosemite National Park 209/372-0320

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Drug Strategies promotes more effective approaches to the nation's drug problems and supports private and public initiatives that reduce the demand for drugs through prevention, education, treatment, law enforcement, and community coalitions.

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